

John C. Bugher, M.D., Director
Division of Biology and Medicine

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Gordon M. Dunning, Health Physicist
Biophysics Branch, Division of Biology and Medicine

COMMENTS ON DR. ALVIN GRAVES' LETTER

SYMBOL: BMBP:GMD

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The ideas in Dr. Graves' letter have been discussed before but may I make three salient points:

1. Dr. Graves quotes from your letter, "... believe that one fundamental matter which is forgotten in discussing test operations is that while we may knowingly and with justification expose a member of the operational team to a real hazard, we are not in a position to do that to the off-site public", and then proceeds with several logical statements and assertions to which one might agree entirely but which are rather irrelevant to the principal point of the quotation. I suspect, without knowing what is in Dr. Graves' mind, of course, that the point that led him to write as he did was the phrase "... which is forgotten". Perhaps a compromise phrase "... which must be constantly held in mind ..." might eliminate the disagreement.

2. Reference is made to par. 2 of Dr. Graves' letter where he would stop the integration of doses when the dose rate became equal or less than 0.3 r/wk.

By this method we would be left with the problem of explaining to the lay public the meaning and significance of the "extra" doses over and beyond the 0.3 r/wk that occurred up to the time where the dose rate had dropped to this point and of defending the AEC's position in permitting the general population to be subjected to this "extra" quantity. Elimination of the objectionable word "over-exposure" will not solve this problem.

There is some scientific basis and precedent for integrating over periods of time in the order of 10-15 weeks. This is not so true for the method Dr. Graves proposes.

Lastly, through usage and education there has been some degree of acceptance on the part of the general public for an integrated figure of 3.9 r. To change to Dr. Graves' proposal would require re-education, with possible weakening of the public's confidence in AEC standards.

3. Reference is made to the last paragraph of Dr. Graves' letter. After the discussions that took place during the Feasibility Committee

OFFICE ▶	BMBP				
SURNAME ▶	DUNNING:MMack.	<i>MMack</i>		MEDICINE, HEALTH & SAFETY	
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John C. Sugar, M.F.

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meeting on January 20th, perhaps Dr. Graves has a clearer picture of the differences in setting criteria for maximum permissible exposures to large general populations versus relatively small numbers of test personnel, and also might not now support his recommendation of statements referring to "threshold tolerance".

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